

eHealth Initiative
Overview of Key Legislation Related to Health Information Technology
As of April 3, 2006

Bill #	H.R. 2234	S. 1227	S. 1418	S. 1356	H.R. 3617	H.R. 4157	H.R. 4641	H.R. 4859	H.R. 4832
Sponsor (s)	Tim Murphy (R-PA) Patrick Kennedy (D-RI) (5/10/05)	Debbie Stabenow (D-MI) Olympia Snow (R-ME) (6/13/05)	Senate HELP Committee Chairman's Mark Mike Enzi (R-WY) Ted Kennedy (D-MA) Bill Frist (R-TN) Hillary Clinton (D-NY) *Passed in HELP (7/20/05) *Introduced in House by Darrell Issa (R-CA) as H.R. 4642	Senate Finance Committee Chuck Grassley (R-IA) Max Baucus (D-MT) (6/30/05)	House Ways and Means Committee Nancy Johnson (R-CT) (7/29/05)	House Ways and Means Committee Nancy Johnson (R-CT) (10/27/05)	Phil Gingrey (R-GA) (12/18/05)	Jon Porter (R-NV) (3/02/06)	Bill Clay (D-MO) (03/01/06)
Bill Name	21 st Century Health Information Act of 2005	Health Information Technology Act of 2005	Wired for Health Care Quality Act of 2005	Medicare Value Purchasing Act of 2005	Medicare Value-Based Purchasing for Physician Services Act of 2005	Health Information Technology Promotion Act of 2005	Assisting Doctors to Obtain Proficient and Transmissible Health Information Technology (ADOPT HIT) Act of 2005	The Federal Family Health Information Technology Act of 2006	Electronic Health Information Technology Act 2006
Upfront Funding Mechanisms	-Authorizes HHS Secretary to dispense 20 3-yr RHIO	- Requires HHS Secretary to establish program	Competitive Grants Qualified HIT -Enables HHS	N/A	N/A	N/A	-Amends the Internal Revenue Code of 1986 to	N/A	HIT Grants Program: -Enables Chief

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Upfront Funding Mechanisms	<p>grants to develop and implement a regional health information technology plan</p> <p>-Funding for grants is \$50 million in FY-2006</p>	<p>making grants to eligible to hospitals, critical access hospitals, skilled nursing facilities, federally qualified health centers, physicians and physician group practices</p> <p>-Grants will help offset costs related to purchasing, leasing, and implementing clinical informatics systems designed to improve patient safety and reduce medication errors</p> <p>-20% percent reserve of the money appropriated for grants will be set aside for grants to rural entities</p>	<p>Secretary to award competitive grants to facilitate the purchase and enhance the utilization of qualified health information technology systems to improve the quality and efficiency of health care</p> <p>(1)Awardees can be not-for-profit hospital, individual or group practice or other health care provider</p> <p>(2)Awardee must provide matching funds of \$1 for every \$3 provided under the federal grant</p> <p>(3) Preference given to rural, frontier or underserved area eligibles, and entities that will link to the extent practicable, the</p>				<p>increase the deduction under section 179 for the purchase of qualified health care information technology by medical care providers and allows a credit against tax for applicable telecommunications charges paid or incurred by such providers</p> <p>-Amends the Internal Revenue Code to allow medical care providers:</p> <p>(1) to expense up to \$250,000 of the cost of health care information technology for the exchange of medical information</p> <p>(2) a business tax credit for 50% of their</p>		<p>Health Informatics Officer to award one-year grants to eligible health information technology entities who demonstrate a proposal that will benefit an interoperable health information technology infrastructure and is consistent with the mission of such an entity.</p> <p>-The Secretary shall use at least 20 percent of the funds to award grants to eligible health information technology entities, which are DSH qualifying facilities.</p> <p>-Chief Health Informatics Officer may extend the duration of the</p>

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Upfront Funding Mechanisms		-Total funding is \$4.05 billion over 5 years	<p>qualified health information system to local or regional health information plan</p> <p>Competitive Grants Implementation of Regional or Local HIT Plans</p> <p>-Enables HHS Secretary to award competitive grants to implement regional or local HIT Plans</p> <p>Key eligibility requirements state that awardees must:</p> <p>(1) Adopt bylaws, memorandums of understanding or other charter documents that demonstrate the governance structure and decision-making processes of such entity allow for</p>				telecommunication charges (defined as expenses of installing or maintaining a communications network that supports interoperability of electronic medical records systems), up to \$10,000.		grant once by one year if the Chief Health Informatics Officer determines that the programs established and implemented by such group with the grant resulted in (or are likely to result in) significant progress in benefiting an interoperable health information technology infrastructure.

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Upfront Funding Mechanisms			<p>participation on an on-going basis of multiple stakeholders within a community” and that these stakeholders participate to the extent practicable</p> <p>(2) Demonstrate that one principle mission or purpose is to use information technology to improve health care quality and efficiency</p> <p>(3) Adopt standards adopted by the HHS Secretary in the bill</p> <p>(4) Demonstrate financial need to the HHS Secretary</p> <p>-Awardee must provide matching funds of \$1 for every \$2 provided</p>						

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Upfront Funding Mechanisms			under the federal grant -Authorizes \$125 million total for ALL grants in FY'2006, \$150 million for FY'2007 and such sums as necessary thereafter						
Ongoing Sustainability	- Provides loans for infrastructure work and technology acquisition, training, and workflow engineering for physicians to any regional health information organization with a health information network that is accredited or provisionally credited	-Requires HHS Secretary to establish a methodology to make adjustments in payments for providers using health information technology that improves clinical decision-making, such as e-prescribing or CPOE. The revised payment method will include new codes	State Loan Programs -Enables HHS Secretary to award competitive grants to states for establishment of state loan programs for health care providers to facilitate the purchase and enhance the utilization of qualified HIT -Among other requirements, awardees must establish a qualified HIT loan fund, submit a	N/A	N/A	N/A	N/A	-Establishes a trust fund within OPM (Office of Personal Management), which will be set up to receive donations from private entities (from pharmaceutical companies, hospitals, etc.) to be used to administer grants to carriers. The carriers must then distribute the funds as incentives to their contracting	N/A

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Ongoing Sustainability			<p>strategic plan to the HHS Secretary, and require that health care providers receiving loans adopt Federal government standards and measurement systems as laid out in the bill. Awardees must also link to the extent practicable the qualified health information system to a local or regional health information network.</p> <p>-Preference in grant awarding given to states that adopt value-based purchasing to improve health care quality</p> <p>-Requires awardees obtain matching funds not less than \$1 for every \$1 of federal funds.</p>					<p>health care providers for implementing provider based electronic health records.</p> <p>- OPM will set forth in regulations the requirements in which the grants can be administered. Any donations to this Fund shall not be considered to be a violation of any anti-kickback or Stark statutes.</p>	

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Ongoing Sustainability			<p>Matching funds can come from public or private entities but private entities can not specify the loan recipient.</p> <p>Demonstration Projects -Enables HHS Secretary to award grants for demonstration projects to develop academic curricula integrating qualified HIT systems into clinical health professional education -Such grants must be used on projects in which two or more disciplines collaborate -Awardees must provide matching funds equal to \$1 for every \$2 of federal grant funds</p>						

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Safe Harbor	<p>-Provides new exemption from Stark and Anti-Kickback Statutes for equipment and services for implementation of a health information network</p> <p>-New provisions would allow for: (1) Provision of any equipment for the development or implementation of a regional health information technology plan approved by the HHS Secretary (2) Equipment or services to be used to access transfer, and exchange patient data and information with other</p>	N/A	No provisions currently	<p>Permitted Support Exception</p> <p>-Defines new “provision of permitted support” exception to federal anti-kickback and Stark laws</p> <p>-Directs HHS Secretary to issue interim final rule with comment period on this no later than 180 days after bill’s enactment, final rule no later than 360 days after enactment</p> <p>-Permitted support defined as “provision of any equipment, item, information, right, license, intellectual property, software, training or service used for developing,</p>	N/A	<p>-Provides exemption from Stark, Anti-Kickback and other statutes for any non- monetary remuneration (in the form of hardware, software, license, right, intellectual property, equipment, or information technology) used primarily for the electronic creation, maintenance and exchange of clinical health information to improve health care quality or efficiency under certain conditions, one of which is that it is made to a physician if such remuneration is made without regard</p>	N/A	N/A	<p>-The Secretary of Health and Human Services may issue regulations that establish criteria for non monetary remuneration for purposes of the safe harbors based on wide acceptance of standard, necessity, and cost benefit analysis.</p>

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Safe Harbor	<p>participants in a regional health information network if this effort does not take into account volume or value of referrals or other business generated between the parties.</p> <p>-Provides for HHS Secretary to consider safe harbor for geographic areas not covered by an accredited or provisionally accredited regional health information network</p>			<p>implementing, operating or facilitating the electronic exchange of health information</p> <p>-Permitted support does NOT include: (1) Support determined in a manner related to volume or value of referrals or other generated business between parties for which payment is made whole or in part under a federal health care program (2) Support has more than incidental value to recipient beyond exchange of health care information (3) HIT system, product, or service that not capable of exchanging health care information in</p>		<p>to the volume or value of referrals (or other business generated) by the physician to the entity.</p> <p>-New provisions take effect on a date 180 days after bill enactment</p> <p>-Contains conformance provisions pertaining to certain criteria and standards approved or established by HHS Secretary and National Coordinator for IT for remuneration made on or after three years subsequent to the bill's effective date.</p> <p>-Requires HHS Secretary to promulgate</p>			

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Safe Harbor				<p>compliance with data standards consistent with the bill's definition of interoperability</p> <p>-In drafting the "permitted support" regulation, HHS Secretary must take into account:</p> <p>(1) Whether HIT system, product or service is widely accepted within the industry and whether there is sufficient industry experience to ensure successful implementation</p> <p>(2) Whether HIT system, product or service improves quality of care, enhances patient safety or provides greater administrative efficiency</p> <p>(3) Whether a cost and benefit</p>		<p>any regulations necessary to carry out provisions not later than 180 days after bill enactment</p> <p>-Requires HHS Secretary to conduct a study and report to Congress within three years of the bill's effective date (with recommended changes) on the effect of safe harbors on the health system. Study will examine:</p> <p>(1) Effectiveness of each safe harbor in increasing HIT adoption;</p> <p>(2) Types of HIT provided under each safe harbor</p> <p>(3) Extent to which financial or</p>			

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Safe Harbor				analysis of the HIT system, product or service was conducted.		other business relationships between providers under the safe harbors changed in ways that adversely affects the health care system or consumer choice. -Enables HHS Secretary to issue regulations establishing updated criteria for permissible health information technology remuneration under the safe harbors.			
Standards and Interoperability	-Directs HHS Secretary to adopt interoperability standards and compliance criteria for HIT products	-Clinical informatics systems funded under the bill must be in compliance with standards for	Standards and the AHIC Collaborative -Directs HHS Secretary to establish American Health Information Collaborative	National Health Information Network Pilot Program -Establishes pilot project to facilitate exchange of clinical, claims	N/A	Code Upgrades -Requires HHS Secretary to issue notice of requirements to promulgate rules for	N/A	-Requires the FEHBP carrier to enable health information to be imported in standard electronic format into a	-Directs Secretary of Health and Human Services to conduct study of State laws and regulations relating to the security and

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Standards and Interoperability	<p>or designate private entity with certification and governance processes during times when the Certification Commission for Healthcare Information Technology is not accredited by the ANSI.</p> <p>-Prior to the establishment of a certification process for federal purchase of HIT, federal department or agency involved can determine whether product incorporates appropriate interoperability data standards and compliance criteria</p>	<p>interoperability as established by HHS Secretary</p> <p>-Requires HHS Secretary to provide for development and adoption of national data and communication health information technology standards for the exchange of data between varieties of provider health information technology systems</p> <p>Note: Bill creates a timeline for health care reporting by DHHS, requiring implementation of procedures by 2008 and acceptance of optional</p>	<p>(AHIC)</p> <p>-Directs public-private to (on an on-going basis)</p> <p>(1) Advise HHS Secretary and recommend specific actions to achieve a nationwide interoperable HIT infrastructure</p> <p>(2) Serve as a forum, for participation of a broad range of stakeholders to provide input on the achievement of interoperable HIT</p> <p>(3) Recommend electronic health information exchange standards (including content, communication and security standards) for Federal government adoption and voluntary adoption by private entities</p>	<p>and outcomes data for Medicare and Medicaid programs, (particularly dual-eligibles), as well as clinical research findings and practice guidelines, for the purposes of improving health care quality.</p> <p>-Requires that this program shall serve as the foundation for a nationwide health information exchange network dedicated to improving quality and safety of care, reducing medical errors, increasing the appropriateness and efficiency of medical care, and reducing health care costs.</p>		<p>transition to:</p> <p>-ASC X12 version 5010 (As reviewed by NCVHS)</p> <p>-ICD-10-CM (Clinical Modification) and ICD-10-PCS (Procedure Coding System)</p> <p>-NCPDP Telecommunications Standards version C.3 (As approved by NCPDP Council and reviewed by NCVHS)</p> <p>This notice of requirements to promulgate rules must be executed not later than 30 days after bill enactment.</p> <p>-Requires HHS Secretary to promulgate</p>		<p>personal electronic health record from a provider-based electronic health record and from a carrier electronic health record consistent with standards adopted by the Office.</p> <p>-Requires that upon enactment of the bill to follow standards for the contents of, access to and availability of electronic health records adopted by OPM. Standards shall be consistent with standards for interoperability of electronic health records developed by</p>	<p>confidentiality of individually identifiable health information to determine:</p> <p>(A) the degree to which such laws and regulations vary among States, and between the States and the Federal privacy standards</p> <p>(B) how any such variation may adversely impact the electronic exchange of clinical health information among States, the Federal Government, and private entities.</p> <p>- Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to</p>

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Standards and Interoperability		submission of data by 2010	-Directs AHIC, not later than one year after enactment, to recommend to the Secretary uniform national policies to support widespread adoption of HIT -Directs AHIC, not later than one year after enactment, to: (1) Review existing standards for the electronic exchange of health information (2) Identify deficiencies, omissions, duplications and overlap in existing standards (3) Recommend any necessary new standards and modifications Note: Standards adopted by the Consolidated Health	Rural Connectivity Demonstration -Requires HHS Secretary to implement a demonstration project to determine the level of information technology connectivity to improve coordination of care for physicians and practitioners in rural and frontier areas. The demonstration project will be conducted in six sites over a three year period.		final rule on replacement not later than October 1, 2007. -Rule applies to transactions involving ASC X12 version 5010 and NCPDP Telecommunications Standards version C.3 beginning April 1, 2009 and involving ICD-10 PCS and ICD-10-CM codes beginning October 1, 2009.		ONC.	Congress a report on the study and shall include in such report-- (A) a determination by the Secretary whether the State laws and regulations should be conformed to a set of Federal standards to protect the security and confidentiality of patient health information and to improve health care quality or efficiency; and (B) recommendations for legislation to conform such State laws and regulations to such a set of Federal standards. The Chief Health Informatics Officer shall provide for the

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Standards and Interoperability			<p>Informatics Initiative shall be deemed to have been recommended by AHIC</p> <p>-Upon receiving the Collaborative's recommendations, Secretary of HHS, VA, DOD and other relevant federal agencies shall jointly review recommendations and HHS Secretary shall provide for federal government adoption of any standards in AHIC recommendations</p> <p>-Requires not later than three years after the adoption of these recommendations, all federal agencies collecting data for the purposes</p>						<p>development of HIT standards. Such standards shall comply with the following:</p> <p>- The standards shall provide for interoperability among health information systems.</p> <p>- The standards shall apply to electronic transactions and transmissions of health information, to the content of such transactions and transmissions, and to the data elements of such transactions and transmissions, including standards for security and coding of electronic health information created for the purpose of establishing an</p>

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Standards and Interoperability			<p>of quality reporting, surveillance, epidemiology, adverse event reporting or research shall comply with the standards</p> <p>-States that any federal government adopted standards will be voluntary for private entities</p> <p>HIT Report -Requires report about adoption, implementation and barriers to implementation of interoperable nationwide system for electronic health information exchange from HHS Secretary to House and Senate health committees</p>						<p>interoperable health information infrastructure.</p> <p>- The standards shall not restrict, sponsor, promote, or prejudice in any other way the certification of health information technology products according to brand, product line, or vendor.</p> <p>- The standards shall be consistent with the objectives of improving patient safety and the quality of care provided to patients.</p> <p>- The standards shall not, to the extent practicable, impose an undue administrative or financial burden on the practice of</p>

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Standards and Interoperability									<p>medicine, or any other health care profession, particularly on small physician practices and practices located in rural areas.</p> <p>- The standards shall be consistent with the standards under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-2 note) (concerning the privacy of individually identifiable health information).</p>
Quality and Safety Expectations	-Requires Regional Health Information Technology Plans that meet specific criteria	-Seeks to increase health care quality and safety by providing incentives and grants for:	Funding -No federal agency shall expend funds for purchase of any form of health information	Value-Based Purchasing *Hospitals -Beginning in 2007 hospitals voluntarily reporting certain quality of care	Value-Based Purchasing *Physician -Beginning in 2009, Medicare physician services	N/A	N/A	N/A	See Standards and Interoperability

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Quality and Safety Expectations	-Establishes program under HHS Secretary to accredit health information networks. Provisional accreditation permitted while process in development.	(1)Purchasing, leasing, and installing computer software and hardware, including handheld computer technology (2)Making improvements to existing computer software and hardware (3)Purchasing or leasing communications capabilities necessary for clinical access, storage, and exchange (4)Providing education and training to eligible staff on computer patient safety information systems	technology or health information technology system for clinical care or electronic retrieval, storage or exchange of health information that is not consistent with applicable Federal government standards in the bill Quality Measurement Systems -Requires Secretaries of HHS, VA, DOD and other relevant federal government representatives to jointly develop or adopt quality measurement systems for measuring quality of patient care and update the measures as appropriate, but	measures (in accordance with certain criteria) would receive a full market basket update to their Medicare payments. Hospitals not reporting in 2007 would receive a market basket minus two percentage points. *Physicians and Certain Practitioners -Beginning in 2007. physicians or certain practitioners voluntarily reporting certain quality of care measures (in accordance with certain criteria) would receive a full update under current law to their Medicare payments. Physicians not reporting in 2007 would receive an update minus	furnished by a relevant billing unit voluntarily submitting information and meeting new quality and efficiency standards would receive an update to the single conversion factor equal to the percentage increase in the MEI for the year involved.				

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Quality and Safety Expectations			<p>no more frequent than once a year</p> <p>-Directs HHS Secretary to implement procedures to accept electronic submission of quality measurement data created using the quality measurement system pursuant to the bill.</p> <p>Certification Program</p> <p>-Requires HHS Secretary to (based on recommendation s of the Collaborative) develop criteria ensuring and certifying that hardware, software and support services are in compliance with electronic health information exchange standards in the bill and maintain</p>	<p>two percentage points.</p> <p>Note: There is a stated exception for small practices of less than 50 physicians. These physicians need only to submit data related to structure.</p> <p>*Home Health</p> <p>-Beginning in 2007, home health agencies voluntarily reporting certain quality of care measures (in accordance with certain criteria) would receive a full update to their Medicare payments. Home health agencies not reporting in 2007 would receive an update of two percentage points or lower.</p> <p>Note: No similar provisions</p>					

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Quality and Safety Expectations			<p>such compliance, including technical conformance</p> <p>Center for Best Practices -Requires HHS Secretary to develop voluntary Center for Best Practices to provide technical assistance and develop best practices to support and accelerate efforts to adopt, implement and effectively use interoperable HIT</p> <p>-Directs Center to support providing for: (1) Widespread adoption of interoperable health information technology (2) Establishment of regional and local and local health</p>	<p>detailed for Plans and ESRD providers.</p> <p>-Where applicable, requires HHS Secretary to establish a process for providing for public reporting of quality of care data in a manner that is understandable and usable to providers. For physicians and certain practioners, establishing this process is required to begin in 2008.</p> <p>Comparative Utilization System -Beginning in 2006, requires use of comparative utilization system based on claims data to measure resource use. Physicians</p>					

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Quality and Safety Expectations			<p>information networks to facilitate development of interoperability across settings</p> <p>(3) Development of solutions to barriers of electronic health information exchange</p> <p>(4) Other activities identified by states, local or regional health information networks or health care stakeholders</p> <p>-Requirements of National Resource Center for HIT can be modified to provide necessary infrastructure to support duties and activities of the Center and facilitate information exchange across public and private sectors</p>	will receive this information confidentially in 2006 and 2007 as an educational tool.					

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Quality and Safety Expectations			Telephonic Technical Assistance -Directs HHS Secretary to establish technical assistance phone number or Internet website to provide health care providers with single point of contact on federal grants and technical assistance services and a myriad of HIT and electronic data issues						
Privacy and Security	-Mandates health information network funded through bill comply with HIPAA privacy protections - Prohibits use of appropriated funds to establish a national	N/A	HIPAA -Requires that upon enactment of the bill, nothing in specific titles of the bill shall be construed to effect the scope or substance of section 264 of HIPAA , sections 1171-1179 of the SSA or any regulation issued pursuant to any such	N/A	HIPAA -Requires that upon enactment of the bill, nothing in specific titles of the bill shall be construed as changing or affecting the application of rules under section 264(A) of HIPAA	-Requires HHS Secretary to conduct study of state laws and regulations and report to Congress within 18 months after bill enactment (with recommended changes) relating to the security and confidentiality		HIPPA -Requires that upon enactment of the bill to comply with the regulations promulgated pursuant to section 264 (c) for the Health Insurance Portability and Accountability Act of 1996.	- Addresses the issues of privacy and security related to interoperable health information technology and recommends methods to ensure appropriate authorization, authentication, and encryption of data transmission

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Privacy and Security	<p>database of individually identifiable patient health information</p> <p>-Enables patients to exclude their health information from the health information network.</p>		section.			<p>of individually identifiable health information, state law variation and how any such variation may adversely impact electronic exchange of clinical information among states, federal government and private entities.</p> <p>-Included in this report shall be a determination by the HHS Secretary regarding whether state laws and federal standards should be conformed to a single national set of standards and what the single set of national</p>			over the Internet.

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						standards should be.			
Role of Government	<p>-In addition to other roles, the HHS Secretary will provide RHIOS with technical assistance about questions of governance, financing, and technological approaches to the creation of health information networks through the National Technical Assistance Center</p> <p>-AHRQ, by contract or grant, will maintain a National Technical Assistance Center for physicians adopting HIT and participating in development</p>	<p>-Requires HHS Secretary to (1)Establish an informatics systems grant program (2)Provide for the development and adoption of national data and communication health information technology standards (3) Establish a methodology to make adjustments in payments for providers using health information technology that improves clinical decision-making</p>	<p>AHIC Establishment, Process and Charge</p> <p>-Directs the HHS Secretary to establish the public-private American Health Information Collaborative</p> <p>-“Collaborative” members shall include the following members or their designee:</p> <p>(1) HHS Secretary, who serves as chair</p> <p>(2)Defense Secretary</p> <p>(3)Veterans Affairs Secretary</p> <p>(4) Commerce Secretary</p> <p>(4)National Coordinator for HIT</p> <p>(5)Members from nominations submitted to HHS Secretary from the each of</p>	<p>Establishing Quality and Efficiency of Care Measurements</p> <p>-Directs HHS Secretary to create structures, select quality measures and develop quality measurement systems which reward Medicare program service providers for reporting quality data and, subsequently, for quality improvement and obtaining certain quality thresholds.</p> <p>Note: Development of the quality measurement systems shall be done in consultation with a multi-stakeholder, public non-profit</p>	<p>Establishing Quality and Efficiency of Care Measurements</p> <p>-Directs HHS Secretary to provide for the selection of and periodically revise quality (Q-measures) and efficiency measures (E-measures) that provide for assessment of quality and efficiency to provision of services</p> <p>Note: Development of the quality and efficiency measurement systems shall be done in consultation with a consensus-</p>	<p>Report on AHIC</p> <p>-Requires HHS Secretary to submit a report to Congress on work conducted by AHIC not later than two years after bill enactment.</p> <p>Include in the report is:</p> <p>(1)Description of AHIC accomplishments with respect to the promotion of development of a nationwide health information network and increased HIT adoption</p> <p>(2)Identification of practices used to protect health information</p>	N/A	N/A	<p>-Directs the HHS Secretary to create within the Department of Health and Human Services an Office of Health Information Technology. It shall be headed by the Chief Health Informatics Officer of Health Information Technology. The Chief Health Informatics Officer shall be appointed by the Secretary and shall report directly to the Secretary. The Chief Health Informatics Officer shall be paid at a rate equal to the rate of basic pay for level IV of the Executive Schedule.</p> <p>The Chief Health</p>

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Role of Government	and implementation of regional health information technology plans. Center funding is \$2.5 million for each year from 2006-2010		following constituencies: consumer and patient organizations, health care providers, health information privacy and security experts, health insurance plans or other third-party payors, standards development organizations, information technology vendors, purchasers or employers, an Indian tribe or tribal organization and state and local government agencies -Directs Collaborative to make recommendations on uniform Federal government and private entity policy regarding: (1)Protecting	entity selected to build consensus around the quality measures and from public-private entities established to examine data collection and reporting issues, involving representatives of health care providers and others interested in quality of care	building organization (such as the National Quality Forum) which makes its first Q & E measure recommendations to the HHS Secretary by July 1, 2006. -To initiate the process, HHS Secretary will request physician specialty organizations to submit proposed Q & E measures applicable to clinical care to consensus-building organizations by March 1, 2006 -Requires HHS Secretary in 2009, to make widely and publicly	and guarantee the confidentiality and security of such information (3)Progress on establishing, uniform industry-wide HIT standards, achieving an internet-based nationwide health information network, and achieving interoperable eHR adoption across health care providers (4)Recommendations for transition of AHIC to a permanent advisory entity including a number of issues such as options for structuring the entity as either a public-private or private sector entity			Informatics Officer shall perform the following duties: -Develop, implement, and modify HIT standards, in accordance with subsections (c), (d), and (e), respectively. -Develop, maintain, and direct the implementation of an interoperable HIT strategic plan to guide the nationwide implementation of interoperable health information technology in the public and private health care sectors. - Serve as the principal advisor to the Secretary on the development and use of health

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Role of Government			<p>health information through privacy and security practices</p> <p>(2) Measures to protect unauthorized access to health information</p> <p>(3) Methods to facilitate secure patient health information access</p> <p>(4) The on-going harmonization of industry-wide HIT standards</p> <p>(5) Recommendations for a nationwide interoperable HIT infrastructure</p> <p>(6) Identification and prioritization of specific use cases for which HIT is valuable, beneficial and feasible</p> <p>(7) Recommendations for establishment of an entity to ensure continuation of</p>		<p>available certain aspects of the billing unit's performance on the Q and E measures. These will be available only to billing units in 2007 and 2008.</p> <p>-Q & E measures will:</p> <p>(1) Include a mixture of outcome measures, process measures (such as furnishing a service), and structural measures (such as the use of health information technology for submission of measures)</p> <p>(2) Include efficiency measures related to clinical care</p>	<p>ONCHIT</p> <p>-Establishes within HHS the Office of the National Coordinator for Health Information Technology, headed by the National Coordinator who is appointed by the President and reports directly to the HHS Secretary</p> <p>-National Coordinator performs duties in a manner consistent with development of nationwide interoperable HIT infrastructure</p> <p>-Directs National Coordinator to:</p> <p>(1) Act as the strategic</p>			<p>information technology.</p> <p>- Direct any programs related to health information technology that are conducted by the Secretary.</p> <p>- Coordinate health information technology policies of the Department of Health and Human Services and activities related to the transmission, integrity, and security of health information conducted by the Secretary with such policies and activities of Federal agencies to avoid duplication of effort and to ensure that each such agency performs activities within the area of the</p>

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Role of Government			<p>Collaborative functions (8)Other policies deemed necessary by the Collaborative</p> <p>HIT Coordinator and Role -Establishes Office of the National Coordinator for Health Information Technology within Office of the HHS Secretary</p> <p>-Coordinator reports directly to HHS Secretary</p> <p>-Directs Coordinator to, among multiple duties, serve as the principle advisor to HHS Secretary concerning development, application and use of health information</p>		<p>(such as overuse, misuse, or underuse) (3)Include measures of care furnished to frail individuals over the age of 75 and to individuals with multiple complex chronic conditions (4)Be evidence-based, if pertaining to clinical care (5)Be consistent, valid, practicable, and not overly burdensome to collect (6) Be relevant to physicians and other practitioners, individuals enrolled under this part, and the Federal</p>	<p>planner for interoperable HIT including maintaining, directing, and overseeing continuous improvement of a strategic plan to guide the nationwide implementation of interoperable HIT in both the public and private sectors (2) Act as principal advisor HHS Secretary on development, application, and use of HIT and coordinate HIT programs of HHS (3)Coordinate federal government HIT activities such as *Development and approval of standards used in electronic creation,</p>			<p>greatest expertise and technical capability of such agency.</p> <p>-Coordinate programs of Federal agencies that are related to health information technology outreach and consultation by such agencies with public and private entities, including consumers, providers, payers, and administrators.</p> <p>- Coordinate plans for Federal efforts to develop and implement interoperable HIT standards for private sector physicians and other health professionals who use electronic health records, electronic</p>

Bill #	H.R. 2234	S. 1227	S. 1418	S. 1356	H.R. 3617	H.R. 4157	H.R. 4641	H.R. 4859	H.R. 4832
Role of Government			technology, to oversee HIT programs of the Department and to serve as member of AHIC as established by bill		Supplementary Medical Insurance Trust Fund (7)Include measures that, taken as a whole, provide a balanced measure performance of a billing unit under this part (8)Include measures that capture individuals' assessment of clinical care provided (9) Include measures that assess the relative use of resources, services, or expenditures	maintenance or exchange of health information *Certification and inspection of HIT products, exchanges, and architectures *Providing comments and advice to OMB Director with respect to federal HIT programs			prescribing systems, evidence-based clinical support tools, patient registries, or other health information technology. - Provide to the Director of the Office of Management and Budget comments and advice with respect to specific health information technology programs. - Administer the HIT standards grants program
Other	-Medicaid: HHS Secretary will provide matching payments to States funding a Medicaid state plan for	- Impact Reports: Bill calls for a series of reports by the HHS Secretary, including:	N/A	Study Telemedicine Use -Directs HHS Secretary to conduct a study examining variation among state laws that	SGR -Contains provisions ending application of sustainable growth rate MedPAC	Strategic Plan for HIT Implementation on Coordination -Requires HHS Secretary, not	N/A	N/A	N/A

Bill #	H.R. 2234	S. 1227	S. 1418	S. 1356	H.R. 3617	H.R. 4157	H.R. 4641	H.R. 4859	H.R. 4832
Other	the development and implementation of a regional health information technology plan if the funding: (1) Supports development of health information network and is reasonably related to the Medicaid population's share of the applicable region's patient population or to Medicaid's share of the applicable region's health care cost or (2) Directly or indirectly assists community health centers or other Medicaid providers to acquire and	(1) Evaluation of the use of clinical health care informatics systems to measure and report quality data and their impact on improving patient care and reducing costs (2) Annual report to Congress on the status of the grant program		relate to the licensure of physicians and practitioners, and to evaluate the costs and benefits of cooperation amongst state medical licensure boards and to develop mechanisms where providers from out of state can deliver care via telemedicine devices in underserved and frontier areas.	Reports -Requires HHS Secretary to report to MedPAC and Congress on per enrollee growth in volume of and expenditures on physician services beginning in 2006 and for MedPAC to incorporate these findings in annual June report to Congress, with 5-yr evaluation from HHS Secretary to Congress no later than September 30, 2011.	later than 180 days after bill enactment, to consult with entities involved in HIT and develop a strategic plan related to the need for coordination in the implementation of: *HIT standards approved under section 271 (c)(3) (B) (i) of the Public Health Service Act as added by Section 2 of the bill *HIPAA transaction standards under section 1173 (a) of the Social Security Act *Updated ICD codes detailed in the bill *Methods to coordinate			

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Other	implement technology to participate in the network.					electronic health information exchange actions taken by ONCHIT, AHIC, NCVHS, CMS' Office of Electronic Standards and Security and other entities HHS Secretary deems appropriate			